


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90014 035 ****61.25

DOCUMENT # N15995	
1. Entity Name	
BOCA WOODS COUNTRY CLUB ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
10471 BOCA WOODS LANE BOCA RATON FL 33428	10471 BOCA WOODS LANE BOCA RATON FL 33428



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent	
MILLER, CHRISTINA 10471 BOCA WOODS LANE BOCA RATON FL 33428	

7. Name and Address of New Registered Agent	
Name	ZIRMAN, MURRAY
Street Address (P.O. Box Number is Not Acceptable)	
10471 BOCA WOODS LANE	
City	BOCA RATON FL
Zip Code	33428

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE MURRAY A. ZIRMAN

Signature, typed or printed name of registered agent and title, if applicable.

Murray A. Zirman

CONTROLLER

4/10/07

DATE

NOTE: Registered Agent signature required when reinstating.

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS	
T NAME SHEFTER, ALAN STREET ADDRESS 10795 WHITE ASPEN LANE CITY- ST- ZIP BOCA RATON FL 33428	<input checked="" type="checkbox"/> Delete
PD NAME EDELSON, STANLEY STREET ADDRESS 10454 BOCA WOODS LANE CITY- ST- ZIP BOCA RATON FL 33428	<input checked="" type="checkbox"/> Delete
S NAME GOLDENBERG, ALVIN STREET ADDRESS 11126 CLOVER LEAF CIRCLE CITY- ST- ZIP BOCA RATON FL 33428	<input type="checkbox"/> Delete
VPD NAME FRIEDBERG, HOWARD STREET ADDRESS 10929 BOCA WOOD LN CITY- ST- ZIP BOCA RATON FL 33428	<input type="checkbox"/> Delete
VPD NAME RAPPAPORT, SHELDON STREET ADDRESS 10587 BOCA WOODS LANE CITY- ST- ZIP BOCA RATON FL 33428	<input checked="" type="checkbox"/> Delete
 NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
T NAME CAMPBELL, JANICE STREET ADDRESS 11110 BOCA WOODS LN CITY- ST- ZIP BOCA RATON, FL. 33428	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1VP NAME PLATNER, ALAN STREET ADDRESS 11379 BOCA WOODS LN CITY- ST- ZIP BOCA RATON, FL. 33428	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
 NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD NAME FRIEDBERG, HOWARD STREET ADDRESS 10929 BOCA WOODS LN CITY- ST- ZIP BOCA RATON, FL. 33428	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2VP NAME KATZ, BURTON STREET ADDRESS 10598 BOCA WOODS LANE CITY- ST- ZIP BOCA RATON, FL. 33428	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
 NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Janice Campbell

JANICE CAMPBELL

4-10-07

561-487-2800